



State of California
March Fong Eu
Secretary of State

Form LP-1

CERTIFICATE OF LIMITED PARTNERSHIP
IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621, California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP

Mission Bay Golf Center Partners Ltd., L.P.

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

1301 Sixth Street, Suite G, San Francisco, CA 94107

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE

CITY

ZIP CODE

CA

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.

THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19____ WITH THE

RECORDER OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME: Scomyr, Inc., a California corporation

C. NAME:

ADDRESS: 1301 Sixth Street, Suite G

ADDRESS:

CITY: San Francisco STATE: CA ZIP CODE: 94107

CITY:

STATE:

ZIP CODE:

B. NAME:

D. NAME:

ADDRESS:

ADDRESS:

CITY: STATE: ZIP CODE:

CITY:

STATE:

ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

NAME: Michael E. Myers

ADDRESS: 1301 Sixth Street, Suite G

CITY: San Francisco STATE: CA ZIP CODE: 94107

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.

NUMBER OF PAGES ATTACHED: ☐

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, DISSOLUTION, CONTINUATION AND CANCELLATION.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE: ☐

(PLEASE INDICATE NUMBER ONLY)

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

Scomyr, Inc., a California corporation

SIGNATURE: Michael E. Myers

SIGNATURE

President Nov 20, 1992

DATE

POSITION OR TITLE

DATE

SIGNATURE

SIGNATURE

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

10. RETURN ACKNOWLEDGEMENT TO:

NAME

ADDRESS

CITY

STATE

ZIP CODE

Michael E. Myers

Scomyr, Inc.

1301 Sixth Street, Suite G

San Francisco, California 94107

SEC/STATE REV. 1/88

FORM LP-1—FILING FEE: \$70
Approved by Secretary of State

THIS SPACE FOR FILING OFFICER USE

9233000002

FILED

In the office of the Secretary of State
of the State of California

NOV 24 1992

March Fong Eu

MARCH FONG EU
SECRETARY OF STATE